

better policymaking and there will be fewer excuses why people didn't vote for certain bills.

I am not going to say that I'm mad. I'm just saying that I am disappointed. But the good thing about it, 14 years in public service, some of those years in the State legislature in Florida, 5 of those years, going on 6, here in Congress, there are votes that I remember. And this will be one of the votes that I will remember for the rest of my public career as long as the people from the 17th District will have me here from Florida, the day that we fell 13 votes short, not because of the lack of effort, not because we did not have the bipartisan spirit blowing through the air conditioning ducts here in the Chamber, not because there wasn't bipartisan input in the writing of the legislation need it be House or Senate, but because 13 Members out of 154 decided not to vote in affirmation.

I think it is also important to note, Mr. Speaker, that as we leave and we come back here, I believe, on Monday and we will be voting at 6:30, I hope that the Members engage their constituents on their vote, need it be against or for providing health care to poor children. I think that there should be a line of questioning as one walks through the airport when they get back home. Some of those volunteers out there should ask, "Congressman, how did you vote on overriding the President when he vetoed health care for 10 million poor children here in the United States?" I just want to make sure that one can answer that question with great accuracy. They may miss their flight or their connecting flight or they may even miss the ride home because it's going to be a long discussion. How can you be on the other side of 270 organizations that are not partisan organizations, that are non-partisan organizations, that are 501(c)3s, that are doctors, that are nurses, that are children's organizations, the different organizations and associations that have been created to be here for this very time to educate all of us on those disparities as it relates to health care, to expand the opportunity for 10 million children to have health care and deny it?

There was a bunch of name calling here in Washington, D.C. The President called it socialized medicine. What is socialized medicine? To sit up here and say "socialized medicine" after running up a \$1.19 trillion debt from foreign nations on a war and other things, tax cuts for the superwealthy, that more than 42 Presidents before him and \$1.01 trillion from 1776 to 2007 couldn't do.

You take out your veto pen only one time, one time in the first term when we had a Republican Congress, one time, and that was on stem cell research. And now, all of a sudden, you have a veto pen connected to your index finger in your right hand, walking around, waiting on bipartisan bills passing through this Congress, Demo-

crats and Republicans voting on these bills and sending them to you. And as soon as they get there, you want to veto them and then say something like the Congress is not doing what it's supposed to do.

When I was in the 109th Congress, I would already be home. We would probably vote 1 or 2 days out of the week and then we would go home. Now we're putting in the work, broke the record, 982 roll call votes and the year is not even over yet and we have a lot of work to do. Meanwhile, we have to take these votes to try to override the President. We could have been focused on another issue here today. We could have been focused on some of the appropriation bills that we were waiting to get through the process that we can't get through the process at this point.

So, Mr. Speaker, I'm glad that I had the opportunity to come down to the floor on this Thursday evening. I look forward to continuing to work with the bipartisan coalition, with the volunteer coalition in moving this issue forward. I look forward to listening to what Members are going to say in the press as to the reason why they voted for health care for children, which I am pretty sure can be a one-liner, versus those of the 13 votes that we fell short here on this floor in overriding the President and the 154 that voted against today, the dissertation that they have to write on the reason why they voted against children's having health care today.

I want to thank the work of not only the members of the committee but the staff here in working so hard here in Congress in trying to provide the health care that is needed.

I close with this, what I shared maybe about 20 minutes ago, Mr. Speaker: In the legislative process there's a great story. At the end, there is glory once we are able to provide 10 million children with health care. So as we write this story, the good thing about America is its okay to say maybe I took the wrong vote and I have made some mistakes. I will tell you, Mr. Speaker, I have made some mistakes the years I have been in public service thus far, going on 14 years. I have taken some votes and later I said next time I have the opportunity, I'm going to vote the right way. I know more because I studied a little bit more. I have heard some input from both sides. And that's just the human spirit. I mean, that's fine. That happens. But when you have so much information and it is so clear and the evidence is there to show that we have States that are going to be running close to their program ending and children are not going to have health care and we are sitting here trying to override the President and we fall short 13 votes not because of the lack of will, not because of the lack of desire, it's because of whatever reason that those Members of Congress decided not to override the veto. The Senate has the

votes to override. In the House we did not have it, and 154 of my Republican colleagues voted against our doing that. And I think that is very important to note. Again, it's not politics; it's just the facts. And the facts are what they are. And when that roll call vote took place today, which I am pretty sure you will see printed today, roll call vote 982, it may very well be the vote that may give us some new Members of Congress here that may very well provide the kind of leadership that we need. But we cannot wait on that to happen because children will be denied health care, poor children will be denied health care.

Mr. Speaker, it was an honor to address the House, and I want to thank the majority leader for allowing me to have the hour.

I know that the story will continue. We look forward to the glory. And I want to ask those that are pushing to continue to push, and I believe we will make it to where poor children will be able to receive the health care that they deserve and this country should provide.

#### SCHIP

The SPEAKER pro tempore (Mr. MITCHELL). Under the Speaker's announced policy of January 18, 2007, the gentleman from Iowa (Mr. KING) is recognized for 60 minutes.

Mr. KING of Iowa. Mr. Speaker, I appreciate the privilege to address you here on the floor of the United States House of Representatives.

There have been a number of times that I have come down here to convey a message to you and the American people. And after having listened to the gentleman from Florida and his 30-Something colleagues, my material has just gotten so massive, I'm not sure I can rebut all that in the time that I have, let alone convey the message that I came here to convey, Mr. Speaker.

First of all, there seems to be great confusion on the Democrat side of the aisle about the difference between health insurance and health care. They seem to believe, or at least would like to have the American people believe, that kids in America are being denied health care.

This debate about SCHIP has never been about health care. I would draw this comparison: You will hear often in the debates in this country about people are pro-immigrant or anti-immigrant. And when I say that, Mr. Speaker, people draw up an image about being pro-immigrant and anti-immigrant. Some people think illegal immigrants; some people think, appropriately, legal immigrants. When we say "immigrant," we should imply legal immigrant, and when we talk about illegal immigrants, we should say so.

The same goes with health care and health insurance. To interchange the terms and, I think, willfully inform the

American people that this debate is about health care and to stand on the floor of the United States Congress and convey a message, Mr. Speaker, to the American people that there are kids in America that are not getting health care is not an accurate statement. And the gentleman from Florida, if he would examine his words and the meanings of the language, would know it's not an accurate statement.

This is a debate about how many Federal dollars we are going to extract from hardworking Americans to put into federally subsidized health insurance, hopefully for kids. That's what SCHIP is about. But it is not even about all kids, because today, under the current program, the program that was drafted up in 1997 and became law in 1998, was created by a Republican Congress, and it was created in the immediate aftermath of welfare reform.

Remember welfare-to-work? We had generations of people that had become so dependent on welfare that they forgot about working. We needed to move them off of welfare, and we called it "workfare" part of the time.

We also recognized that people that were low income, the working poor, when you would take them off of welfare, they didn't have enough funds to fund the health insurance for their children, so we created the State Children's Health Insurance Program. That's SCHIP. It's 10 years old now today and we are talking about reauthorizing it. That is federally funded health insurance premiums for kids.

But this program, even under the current law, has morphed into a program that if you go up to Minnesota and take a look, 87 percent of the recipients of SCHIP are adults. And most of those adults are not parents; they are single adults. And if you go to Wisconsin, 66 percent of those who are on SCHIP are adults. They have changed this program and they have morphed it away from being a program that was about health insurance premium subsidy for kids. That's a discussion they can't name.

And I challenge anyone over here, stand up now, I will yield to you. Name one kid in America that doesn't have access to health care, one health care provider that slammed their door in the face of a kid in America or anyone in America because they didn't have health insurance.

No. We take care of everyone's health care needs in America. That is not the crisis. If it was, you can bet the PELOSI side of the aisle would have marched them down here and maybe brought them up into the well for a photo op. But that population of this country doesn't exist. Everyone in America has access to health care, legal or illegal, for that matter.

□ 1600

And every child especially has access to health care.

Now, we would prefer that they all have health insurance because we be-

lieve that those who have health insurance do a better job of going for their regular check-ups, and the medical providers will track their cases and be able to monitor them and be able to get early warning signs of chronic diseases or illnesses, and be able to maintain their health in a far more effective fashion for two reasons.

One is it improves the quality of life for the children in this country, and the other is it saves money. That's why we established the SCHIP program in the first place. But it wasn't designed to take hard-earned taxpayer dollars and put them into the pockets of people who could afford health insurance for their own children; and especially it wasn't designed to be able to put the Federal incentive in place to push kids off, to talk kids off, to put an incentive so that their parents made a decision or their employer made a decision not to insure them when they were already insuring them.

And yet if you look at the numbers, the Congressional Budget Office, the nonpartisan Congressional Budget Office that the gentleman from Florida would have to acknowledge gives us the most objective number we have, says that under this proposal that the President appropriately vetoed and that this Congress refused to override would take 2 million kids today that are funded with private health insurance and push them off of that onto the government roll.

Now, why would we want to do that? What would be our incentive? If nobody's going without health care, if we have kids that don't have health insurance that are getting health care, why would we create a program or why would we grow a program that's going to take 2 million kids off of the private rolls and put them on the government? You have to be somebody that believes in socialized medicine to advocate for such a thing.

And when Republicans bring a policy that recruits more of the uninsured to go on the rolls at 200 percent of poverty and below, where I have voted and consistently supported this program and voted to appropriate funds to this program, both as a State senator and as a Member of Congress, 200 percent of poverty, I can take you to where it is in my State today, that's an example I know to be fact, we can always discuss what's fact and what isn't, but in my State today a family of four, that's mom and dad and two kids, qualifies for SCHIP, that in Iowa we call it Hawk-I, premium subsidy if they're making less than \$51,625 a year, Mr. Speaker. Now, that's probably a little above what's middle income for a family of four in the State of Iowa.

And so if we've already gone above the line of where the median is, this Pelosi Congress passed this SCHIP legislation, not over here at 300 percent of poverty, passed it over here at 400 percent of poverty, Mr. Speaker. That was the vision of the San Francisco values that have been brought here to the

gavel in the chair where you're seated right now, 400 percent of poverty. Now, was there a clamor from the public that we should take their tax dollars and subsidize health insurance premiums for already insured kids that families were making over \$103,000 a year? I didn't have a single letter that said so. I got a few that said, I think we ought to have socialized medicine. I think the Canadian plan is pretty good, the British plan is pretty good. The European model is all right.

They disregard the long lines and the poor care. They disregard the fact that when you go to socialized medicine you have companies created in Canada for the purpose of facilitating access to American health care systems, companies that have sprung up because the Canadian is barred from having any special pass to go in front of the line; they all have to get to the back of the line. And so people don't always live long enough to get to their health care provider in places like Canada. That's what I want to avoid.

And the companies in Canada that are created will set up this package and it will be, well, if you need a hip replacement, here's how we will do this. We will set it up so you can go to a clinic for a check-up, and we'll fly you down to whatever city it might be, let's pick one, let's say Minneapolis, and there we will give you a hotel room, or let's go to the Mayo Clinic, that's even better, in Rochester. We'll fly you down there. Here's the package; here's your hotel room; here's what it's going to cost you to go to the clinic; here's the surgeon, here's the anesthesiologist; here's the whole package.

Now you figure out you can write the check to take the weekend tour to go down to the Mayo Clinic in Rochester and get your new hip replacement and go back to Canada, because they can't get access to health care there because they have socialized medicine. That's what this debate is about, Mr. Speaker. It's about laying the cornerstone for socialized medicine in the United States of America.

Here we are in a country where every kid, every person, every adult, legal or illegal, has access to health care, and we would like to increase the numbers of insured. But a Nation that has the highest quality health care in the world, one who is the most innovative of all nations in the world, the ones that has produced more new pharmaceuticals, more new surgical techniques, more new medical technology than any other nation, however you want to measure it, as a percentage of our GDP, as a percent of our population, measure it just as the sum total of the contribution to health care in the world, this country's medical practitioners and providers are the ones that have done that.

And this cornerstone to socialized medicine that is attempted to be laid here by this Pelosi Congress undermines that innovativeness, that service, that quality that we have. And

that's why 150-some of us voted "no" on overriding the President's veto. That's why the President vetoed it, because your health care, Americans, is more important than the political demagoguery that's going on here on the floor of the United States Congress.

The confusion between health care and health insurance, this debate is about health insurance, it's about us on the Republican side wanting to increase the percentage of covered kids under SCHIP under the 200 percent of poverty here, those that are not covered now that can be and still qualify, and us, as Republicans on this side, wanting to roll down the numbers of adults that have found their way into this system to be 87 percent of the recipients in Minnesota, 66 percent in Wisconsin, and a dozen or so other States that have crossed this line.

That's a standard that we're for, and it's something that they are opposed to. They won't speak up to the real issue that's here, Mr. Speaker, but this isn't about health care. It's about Federal subsidy of health insurance; it's about taking dollars out of people's pockets.

And so at this level over here, Mr. Speaker, I will submit that it works this way: we have this thing called the alternative minimum tax, which was created to tax the wealthy. They weren't paying enough tax, so Congress created a new tax, the alternative minimum tax. And under this SCHIP proposal there will be, the one that passed Congress the first time, that's over here, 70,000 families in America would qualify for SCHIP subsidy, Federal taxpayer funding, and still have to pay the alternative minimum tax, the tax on the wealthy, at the same time they're being subsidized and they can't afford the health insurance for their kids.

Now, figure that out. Think about how the circle has crossed. One circle over here is those that are so poor they need help, and the other circle over here is those that are making so much money we've got to give them an extra tax. But when you cross those two circles together, Mr. Speaker, and where they cross, that crescent in the middle, is 70,000 families, 70,000 families paying the alternative minimum tax and qualifying for Federal benefits for health insurance. I think that tells you that the loop for socialized medicine would be closed with this, and that's another reason the President vetoed it.

Another subject matter that was brought up by the gentleman from Florida is this subject of the billions of dollars that are spent on the global war on terror, and of course he would focus it on Iraq, which is a battle ground in the global war on terror, billions of dollars. And the argument is we can spend billions of dollars on the war, but we can't spend \$35 billion subsidizing health insurance for middle-income and upper-income children of those parents that are middle- and upper-income.

Now, think about this: How cynical would you have to be to draw a diaboli-

cal argument that here we spend money over here on the war, if we've got enough money for the war, we surely have enough money for health insurance for these kids? I mean, if that's the case, if the gentleman from Florida is drawing a legitimate comparison, then you have to look at the resources over there for our soldiers, sailors, airmen and marines and say, well, I'm sorry, we're going to have to take \$35 billion out of your resources and put them over here to subsidize health insurance for these kids, these kids that are getting health care, by the way.

So how many fewer bullets, how many fewer bullet-proof vests, how many MREs, how much tank fuel or aircraft fuel, how many repair parts for a Blackhawk helicopter, how much surveillance equipment out there we would have to sacrifice to take away from those soldiers to fund this Pelosi plan for SCHIP? That's the other side of the argument.

So if they're sincere, and I have heard Member after Member, Democrat after Democrat, come to this floor and go to the media and send out press releases that we're spending money on the war, we ought to be able to spend the money on the kids, well, if this is a zero sum game, then how many bullet-proof vests do they want to take away from our soldiers? How many Humvees? How much armor protection personnel? How much training, how much communication, how much human intelligence would we be willing to take away and how much risk would we be willing to put our soldiers through so that we could justify this program?

I think when they're confronted with the reality of that argument, they would have to confess that they would never allow an amendment on the floor that would cause them to have to put up a vote and go on record to make that decision. But they will ask you to believe that somehow, that because we spend money on war, that gives justification to create a socialized medicine program here. We know what the agenda is: it is socialized medicine.

And then I would argue, also, that to lay this thing out clearly, I'm going to go down through these, if I can, Mr. Speaker. This is a bit of a surprise package, I'm not sure what's underneath here, but we'll go with what we have, and that is, how do we fund this SCHIP according to the Pelosi plan?

Well, we're doing it with an increase on tax on cigarettes. Right now, the Federal tax is 39 cents a pack. This bill that the President vetoed, that this Congress refused to override, adds 61 cents a pack to cigarettes. So now the Federal tax will be \$1 a pack. The States can do whatever they want. The idea is if you raise the price of cigarettes, people will smoke less. Well, that's kind of a good thing, I would think, Mr. Speaker.

But if we're going to fund this SCHIP program, these \$35 billion worth of increases, then over this period of time,

as we see here in this chart that is laid out, it takes it out to 22.4 million new smokers have to be recruited in order to fund this expansion of this socialized medicine program of laying the cornerstone by SCHIP; 22.4 million new smokers. Now, that runs directly against the belief, and probably to some degree of fact, that the more it costs, the less people will smoke. So we add \$1 a pack, and now we have to still raise, and even though the price goes up by a 156 percent increase, we still have to recruit 22.4 million new smokers. Now, I don't want to be involved in that, Mr. Speaker. I don't want that on my conscience. I don't want to have to bring Joe Camel back and run him through the schools so we can get new smokers to fund insurance for these kids.

And another thing I would add is that, if this is about the kids, every dollar that is added to this program is added to the national debt. Now, who is going to pay that national debt? Somebody that's 58 years old or somebody that's maybe 8 years old? And I'm going to say that the ruse that this is about the kids, while at the same time pushing that \$35 billion into the national debt and asking those same kids that you say you're trying to help to pay the debt they incurred, I think is where the real hypocrisy lands, Mr. Speaker. 22.4 million new smokers? Not a very sound plan.

This chart tells you what happens when you start raising the premium subsidy up for health insurance. When you get up here to this level and you get to 400 percent of poverty, which this Congress passed, then 95 percent of the kids that are on private health insurance will drop off of that private health insurance and they'll go on government. So even if they're making \$1 million a year, 95 percent of those kids go to the government premium side.

If you take it on down to 400 percent of poverty and below, it's 89 percent. And as we go down lower to where we are now, it's 50 percent. I contend that, if the parents have a job and the health insurance is with the job and the employer has put a health care package out, their health insurance package out there that includes the family, and most do, why would you put a program in place that's going to cause the employer to do this calculus: I don't know why I'm paying for that if the government will pay for that. I'm going to offer a proposal here that's going to save me money. I can take that and put it in my bottom line as an employer and call it profit and tell my employees, we're going to sign you up for SCHIP.

I had a conversation with my son and daughter-in-law a couple of weeks ago. They blessed us with two little beautiful granddaughters, so they're a perfect model family of four. And I said here in Iowa, where this number right here, Mr. Speaker, if this bill had been overridden today that the President vetoed, in Iowa, a family of four would qualify for SCHIP funding at \$77,437.50,

to be precise. Now, that's that family of four, that's my son and granddaughters and daughter-in-law. The calculus is pretty easy for them. They just say, well, we're self-employed, I guess we could do this. We could set our wages up to make sure that we don't break the cap on SCHIP and the kids would be funded then by the government, wouldn't they? And I said, I don't want to hear about that.

□ 1615

It was a bit of a levity kind of a conversation because they are going to take care of their responsibility and they have and they will continue to do that. But if that can be figured out in 5 seconds in the kitchen of my family, think how it can be figured out in every boardroom across America that will see an advantage here to push the kids, the children of their employees, off of their own privately funded health insurance, put them on the government-funded one, and put the profit, the savings, in their bottom line. You know that is going to happen. The people that will be the most believers of that have to be those on the other side of the line that don't believe in much for ethics and the free enterprise system that we have.

That is how that is going to work. You push people off health care and so you get to this, Mr. Speaker, and this is what this is really about, SCHIP. Some might think that is for the State Children's Health Insurance Program. But I will submit that the real motive behind this, we have Presidential debates going on and candidates all over this country concentrated in my State, New Hampshire, and others, and you can feel and sense they have been pushing health care 6, 7, 8 months to bring this debate to a head, and a delay in this Congress in coming to the negotiating table so we can actually extend this program in a responsible fashion is partly rooted in the Presidential politics and in the partisan politics in this Congress. I think the majority of it is rooted in that. So I will submit SCHIP really stands for Socialized Clinton Style Hillary Care for Illegals and Their Parents. And I hope the camera is on this so it doesn't get missed. SCHIP, Socialized Clinton Style Hillary Care for Illegals and Parents.

By the way, I did not get to that illegal component that was laid out by the gentleman from Florida. Well, one can point to language in the bill that says "you don't get to send any of this money to people who are otherwise deportable." That language is in the bill. But, Mr. Speaker, I will inform you, this body, the people in this country, that there is additional language in the bill that weakens the citizenship standards that exist today, not just for SCHIP, but for Medicaid as well. We have citizenship requirements for Medicaid that you have to demonstrate, you have to prove your citizenship. And of those conditions that will be producing a birth certificate and an-

other document, a photo ID perhaps or a passport or a list of other documents that demonstrate your lawful presence in the United States and your eligibility for SCHIP and for Medicaid; those are current law requirements. This bill that says in one paragraph "this money can't go to illegals" says in another paragraph "but if you know how to write down a Social Security number, that will be all that is required."

The Social Security Administration has put out information that says you cannot verify citizenship by a Social Security number. There are millions of Social Security numbers that are not numbers for citizens. There are millions out there that are nonwork Social Security numbers, and there are millions out there that have been given to people that are here on work visas, student visas, visitors, you name it, for one reason or another, so they can get a driver's license or buy insurance, or maybe qualify for a benefit, millions of Social Security numbers that do not connote citizenship. And the only standard that is left, that is required in this current bill is you have to submit a Social Security number. And it is implied, it might even be specific, that it be a valid one. But we know how well that works when we have 20 million illegals in America and we have somewhere between 7 and 12 million working illegals in America, many, in fact most of them, using phony Social Security numbers. So if they can get a job and that number can report their wages every week and we can't figure out where they are, how in the world can anyone over hear say, "well, none of this money is going to go to illegals" when the Congressional Budget Office has made it clear and issued their report that the net cost to taxpayers because of the opening up of the citizenship standard is 6.5 billion, that is with a B, \$6.5 billion, Mr. Speaker.

There isn't an argument on this that is seriously grounded in the facts. We take our facts from the Congressional Budget Office.

So I will roll this together. In my State, currently a family of four qualifies for hawk-i, SCHIP funding, for their health insurance. This isn't health care, remember; it is health insurance, at \$51,625 a year. A family of four. That is off the Web page of Governor Culver, by the way. And if this bill had passed, it would have qualified that same family of four at \$77,437 a year. But this Congress first passed 400 percent of poverty, which would have qualified that same family of four at 103,250 or so dollars in that legislation, over \$100,000, and not a fiscally responsible peep out of the Speaker, out of the Democrat side of the aisle that I heard, out of my Governor. No one stood up for the taxpayer on that side of the aisle. That is because they are actively engaged in laying the cornerstone for socialized medicine.

I will continue, 2.0 million children, taken off of their own private insur-

ance, nudged off, because the government will pay for it, why would you pay for it? If it is free or you have to write a check, which line are you going to get into? There will still be a lot of patriotic Americans who will get into the "I will pay for my own line." God bless you for that. That is, by the way, 2.0 million children. That is a Congressional Budget Office number, the highest standard we have here; \$6.5 billion for illegals to go on Medicaid and SCHIP? That is a Congressional Budget Office number.

You can't convince me that this isn't going to legalize access to health care services for illegals who, if we had the voucher delivered by ICE, the Immigration Custom Enforcement, would be compelled to pick them up and send them back to their own country. Think about that. If we made the couriers for vouchers for SCHIP to be ICE, they would have to come along and say, "Well, okay, here's your voucher, but you're not going to be able to cash it in because I am sending you back home again because that is the law."

How bizarre is it to hear the rhetoric coming out of that side of the aisle? These are the facts, Mr. Speaker. It weakens the citizenship requirement. It is a net loss to my State of \$226 million, more tobacco tax paid sent to Washington, we get \$226 million less. Bad deal, Governor Culver. You ought to understand that. That is also a number that is put out by a government office, and that is the Centers for Disease Control produced a number of a minus \$226 million just for Iowa. Other States did worse. Other States were net gainers. The tobacco tax, 156 percent increase, and then, Mr. Speaker, not forgetting about the 22.4 million new smokers that we will need to get this program funded.

So, all in all, Republicans have taken care of this. We created this program. State Children's Health Insurance Program is about providing help in health insurance premiums for the children in lower income families that don't qualify for Medicaid. It is about the transition off of Medicaid on to private, on to self-reliance, on to all the dignity that comes with carrying your own load, helping transition gradually and easily off on to that. It is about that.

It is about protecting and preserving our private health care system that is the best in the world. That is where we are on this side of the aisle, Mr. Speaker. That is where the President is on this. The other side of the aisle is about laying the cornerstone for socialized medicine, because once you get 95 percent of the people dependent on a program, they consider it an entitlement. Democrats know that. The Democrat leadership knows that at least. And that, I believe, Mr. Speaker, is the strategy.

I don't know how, when they come back with the next argument that was laid out by here by Bill Clinton that they wanted to lower Medicare eligibility to 55 years old, then you look at

this universe of people, people collecting SCHIP today at age 25, remember all those adults in places like Minnesota and Wisconsin, up to age 25, and if we lower Medicare eligibility to 55, now who is paying the bill for all the health insurance and health care in America? Well, it would be those folks between the ages of 25 and 55, Mr. Speaker. And don't you think that side of the aisle knows the resentment that will build when someone writes their own check for their health insurance premium and their check for the alternative minimum tax and their check for their income tax and they realize that they are paying for theirs and everybody else's. If they can't say no to this, then they are going to come back to us and say, "Give us the Canadian plan. I give up. I capitulate. Because I just can't fund it both ways. You have made it too easy for too many people. Now it is too hard for me."

That will be the calculus among the American people. That will be what ultimately closes this and builds this socialized medicine that they are trying so desperately to build. And by the way, there is no provision to fund this thing past these years that I have shown here, Mr. Speaker. That cliff in the funding drops off. It drops down to a very small percentage of the overall revenue stream. The reason is they believe that they will have a President and a majority in the House and in the Senate that will have given us the full-ride socialized medicine. So they don't have to worry about funding this through this program. Watch as this unfolds. Bill Clinton stood back in this well September 22, 1993, and he gave about an hour speech, 12 pages long, that lays out the game plan. Now his wife is poised to carry out the balance of it.

I stand here in resistance to socialized medicine or laying the cornerstone for it, but I stand with my colleagues in protecting the kids in America, protecting their freedom, protecting an investment in them. I refuse, I refuse to put this burden as a national debt upon those same kids and ask them to pay it when they get to be the age of adults.

Mr. Speaker, I yield back the balance of my time.

#### SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Ms. WOOLSEY) to revise and extend their remarks and include extraneous material:)

Mr. CUMMINGS, for 5 minutes, today.

Mr. MURPHY of Connecticut, for 5 minutes, today.

Mr. MORAN of Virginia, for 5 minutes, today.

Mr. WYNN, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

(The following Members (at the request of Mr. DANIEL E. LUNGREN of

California) to revise and extend their remarks and include extraneous material:)

Mr. POE, for 5 minutes, today and October 25.

Mr. JONES of North Carolina, for 5 minutes, today and October 25.

Mr. TIM MURPHY of Pennsylvania, for 5 minutes, today.

Mr. FRANKS of Arizona, for 5 minutes, today.

Mr. DANIEL E. LUNGREN of California, for 5 minutes, today.

(The following Member (at his own request) to revise and extend his remarks and include extraneous material:)

Mr. KIRK, for 5 minutes, today.

#### ADJOURNMENT

Mr. KING of Iowa. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 4 o'clock and 25 minutes p.m.), under its previous order, the House adjourned until Monday, October 22, 2007, at 12:30 p.m., for morning-hour debate.

#### OATH OF OFFICE MEMBERS, RESIDENT COMMISSIONER, AND DELEGATES

The oath of office required by the sixth article of the Constitution of the United States, and as provided by section 2 of the act of May 13, 1884 (23 Stat. 22), to be administered to Members, Resident Commissioner, and Delegates of the House of Representatives, the text of which is carried in 5 U.S.C. 3331:

"I, AB, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God."

has been subscribed to in person and filed in duplicate with the Clerk of the House of Representatives by the following Member of the 110th Congress, pursuant to the provisions of 2 U.S.C. 25:

NIKI TSONGAS, Massachusetts, Fifth.

#### OATH FOR ACCESS TO CLASSIFIED INFORMATION

Under clause 13 of rule XXIII, the following Members executed the oath for access to classified information:

Neil Abercrombie, Gary L. Ackerman, Robert B. Aderholt, W. Todd Akin, Rodney Alexander, Thomas H. Allen, Jason Altmire, Robert E. Andrews, Michael A. Arcuri, Joe Baca, Michele Bachmann, Spencer Bachus, Brian Baird, Richard H. Baker, Tammy Baldwin, J. Gresham Barrett, John Barrow, Roscoe G. Bartlett, Joe Barton, Melissa L. Bean, Xavier Becerra, Shelley Berkley, Howard L.

Berman, Marion Berry, Judy Biggert, Brian P. Bilbray, Gus M. Bilirakis, Rob Bishop, Sanford D. Bishop, Jr., Timothy H. Bishop, Marsha Blackburn, Earl Blumenauer, Roy Blunt, John A. Boehner, Jo Bonner, Mary Bono, John Boozman, Madeleine Z. Bordallo, Dan Boren, Leonard L. Boswell, Rick Boucher, Charles W. Boustany, Jr., Allen Boyd, Nancy E. Boyda, Kevin Brady, Robert A. Brady, Bruce L. Braley, Paul C. Broun, Corrine Brown, Henry E. Brown, Jr., Ginny Brown-Waite, Vern Buchanan, Michael C. Burgess, Dan Burton, G. K. Butterfield, Steve Buyer, Ken Calvert, Dave Camp, John Campbell, Chris Cannon, Eric Cantor, Shelley Moore Capito, Lois Capps, Michael E. Capuano, Dennis A. Cardoza, Russ Carnahan, Christopher P. Carney, Julia Carson, John R. Carter, Michael N. Castle, Kathy Castor, Steve Chabot, Ben Chandler, Donna M. Christensen, Yvette D. Clarke, Wm. Lacy Clay, Emanuel Cleaver, James E. Clyburn, Howard Coble, Steve Cohen, Tom Cole, K. Michael Conaway, John Conyers, Jr., Jim Cooper, Jim Costa, Jerry F. Costello, Joe Courtney, Robert E. (Bud) Cramer, Jr., Ander Crenshaw, Joseph Crowley, Barbara Cubin, Henry Cuellar, John Abney Culberson, Elijah E. Cummings, Artur Davis, Danny K. Davis, David Davis, Geoff Davis, Jo Ann Davis, Lincoln Davis, Susan A. Davis, Tom Davis, Nathan Deal, Peter A. DeFazio, Diana DeGette, William D. Delahunt, Rosa L. DeLauro, Charles W. Dent, Lincoln Diaz-Balart, Mario Diaz-Balart, Norman D. Dicks, John D. Dingell, Lloyd Doggett, Joe Donnelly, John T. Doolittle, Michael F. Doyle, Thelma D. Drake, David Dreier, John J. Duncan, Jr., Chet Edwards, Vernon J. Ehlers, Keith Ellison, Brad Ellsworth, Rahm Emanuel, Jo Ann Emerson, Eliot L. Engel, Phil English, Anna G. Eshoo, Bob Etheridge, Terry Everett, Eni F. H. Faleomavaega, Mary Fallin, Sam Farr, Chaka Fattah, Tom Feeney, Mike Ferguson, Bob Filner, Jeff Flake, J. Randy Forbes, Jeff Fortenberry, Luis G. Fortuño, Vito Fossella, Virginia Foxx, Barney Frank, Trent Franks, Rodney P. Frelinghuysen, Elton Gallegly, Scott Garrett, Jim Gerlach, Gabrielle Giffords, Wayne T. Gilchrest, Kirsten E. Gillibrand, Paul E. Gillmor, Phil Gingrey, Louie Gohmert, Charles A. Gonzalez, Virgil H. Goode, Jr., Bob Goodlatte, Bart Gordon, Kay Granger, Sam Graves, Al Green, Gene Green, Raúl M. Grijalva, Luis V. Gutierrez, John J. Hall, Ralph M. Hall, Phil Hare, Jane Harman, J. Dennis Hastert, Alcee L. Hastings, Doc Hastings, Robin Hayes, Dean Heller, Jeb Hensarling, Wally Herger, Stephanie Herseth, Brian Higgins, Baron P. Hill, Maurice D. Hinchey, Ruben Hinojosa, Mazie Hirono, David L. Hobson, Paul W. Hodes, Peter Hoekstra, Tim Holden, Rush D. Holt, Michael M. Honda, Darlene Hooley, Steny H. Hoyer, Kenny C. Hulshof, Duncan Hunter, Bob Inglis, Jay Inslee, Steve Israel, Darrell E. Issa, Jesse L. Jackson, Jr., Sheila Jackson-Lee, William J. Jefferson, Bobby Jindal, Eddie Bernice Johnson, Henry C. "Hank" Johnson, Jr., Sam Johnson, Timothy V. Johnson, Stephanie Tubbs Jones, Walter B. Jones, Jim Jordan, Steve Kagen, Paul E. Kanjorski, Marcy Kaptur, Ric Keller, Patrick J. Kennedy, Dale E. Kildee, Carolyn C. Kilpatrick, Ron Kind, Peter T. King, Steve King, Jack Kingston, Mark Steven Kirk, Ron Klein, John Kline, Joe Knollenberg, John R. "Randy" Kuhl, Jr., Ray LaHood, Doug Lamborn, Nick Lampson, James R. Langevin, Tom Lantos, Rick Larsen, John B. Larson, Tom Latham, Steven C. LaTourette, Barbara Lee, Sander M. Levin, Jerry Lewis, John Lewis, Ron Lewis, John Linder, Daniel Lipinski, Frank A. LoBiondo, David Loebsack, Zoe Lofgren, Nita M. Lowey, Frank D. Lucas, Daniel E. Lungren, Stephen F. Lynch, Carolyn McCarthy, Kevin McCarthy, Michael T. McCaul, Betty McCollum,